

Subtitle 34 BOARD OF PHARMACY
10.34.40 Pharmacists Prescribing Contraceptives

Board of Pharmacy Stakeholders Meeting

May 14, 2018

Agenda: See Attachment A.

Attendees: See Attachment B.

Meeting Overview:

Welcome from Deena Speights-Napata, M.A., Maryland Board of Pharmacy Executive Director
Plans for the meeting by Roxanne Ward Zaghab and Charmaine Rochester

Process: The stakeholders were divided into three groups for discussion. The members of each group were given the Risk Assessment and Visit Summary information from Colorado, California and Oregon along with state-by-state comparative chart. Some individuals worked on their laptops or other mobile devices to access the Risk Assessment and Visit Summary resources online. As they viewed the language and questions use by other states, they worked in groups to indicate preferences about what should be included in Maryland's forms.

Outcomes of the Meeting: The expected outcomes of the meeting were:

- to encourage stakeholders to provide initial input for the development of Maryland's Risk Assessment and Visit Summary; and
- to communicate the Board of Pharmacy's process for stakeholder input going forward, which includes the following:
 - Stakeholders' email addresses will be gathered.
 - The survey will be administered to all stakeholders with email addresses.
 - The results of the survey will be shared at the next stakeholder meeting convened by the BOP.
 - The Maryland Self-Screening Risk Assessment Form and the Visit Summary and Referral Form input will be used as a resource for building the Maryland Standard Procedure Algorithm.

Discussions and Comments from Groups:

Maryland Self Screening Risk Assessment Questionnaire

- Put all the information on one form (This is because we divided up the form into demographic, health information and pregnancy screening for discussion)
- Add Patient's telephone number and/or email address to the form
- They did not think health insurance was relevant
- Put a disclaimer: "to the best of my knowledge", or "the patient reported."

- Add a question: Are you using condoms?
- Keep all the pregnancy information together
- Keep all the breast-feeding information together
- Avoid all redundancy from the form
- Suggested adding: Have you recently taken emergency contraception?
- For cigarettes, put how much do you smoke in a day
- Have an open ended question regarding which method of birth control the patient has used or uses
- Define “have you been immobile for a long period in a better way?” Give a suggested time period
- Have a “Pharmacist Internal Use area” with name of pharmacy and pharmacist’s signature. Also include the patient’s current or recent blood pressure
- We asked the question “did you have a baby less than 6 months ago, are you fully or nearly fully breast feeding, and have you had no menstrual period since the delivery?” There was some discussion as to whether this should be an open-ended question; some participants indicated that there was little relevance in asking information on pregnancy, birth, breast-feeding and menstrual history.

Pharmacist Referral and Visit Summary Form

- Add the number of refills to the form
- Add the name of the drug and dosage to the form
- Consider adding the pharmacist’s license number and NPI#. Some participants thought it was unnecessary
- Add the name of the person to whom you referred the patient/ or the list provided. This is an area for future discussion.
- State if BP was taken (either here or on the previous form)
- State that you were not able to prescribe hormonal contraception because patient has a history of non-adherence or there were adherence concerns. There were divided views on this issue. Some participants felt that this raised ethical concerns.
- Add “Other reasons” for why you are not providing hormonal contraception and have a line for the rationale. This also generated divided opinions, on the basis that it raised ethical concerns.

Next steps:

- Review and become familiar with the US Medical Eligibility Criteria for Hormonal Contraception Use 2016;
- Submit four names of stakeholders representing the stakeholder’s organization;
- Respond to the updated survey, which will be submitted in early June;
- Regroup when we have a summary of the responses; and
- Convene a meeting of stakeholders to use available resources to make recommendations for the Maryland Standard Procedure Algorithm.

ATTACHMENT A

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INTRODUCTIONS

PURPOSE OF THE MEETING

Deena Speights-Napata, M.A., Executive Director
Maryland Board of Pharmacy

STAKEHOLDER INPUT

Roxanne Zaghab, DM, and
Charmaine D. Rochester-Eyeguokan, PharmD, Associate Professor
University of Maryland School of Pharmacy

FUTURE OPPORTUNITIES FOR STAKEHOLDER INVOLVEMENT

Rochester-Eyeguokan, & Zaghab

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ATTACHMENT B

ATTENDEE LIST

Board of Pharmacy Stakeholders Meeting May 14, 2018	
Name	Organization
Roxanne Zaghab	University of Maryland School of Pharmacy
Charmaine Rochester	University of Maryland School of Pharmacy
Deena Speights-Napata	Board of Pharmacy
Etzion Brand	Board of Pharmacy
Brian K. Logan	Board of Pharmacy
Diane Phillip	Prochoice Maryland
Jeffery Roeder	Giant Foods
Tosin David	UMES
Robyn Elliott	Planned Parenthood
Kristine Conway	Kaiser Permanente
Amy Woodrum	Department of Health
Lenna Israbian	Safeway
Maddy Voytek	MACDS
Pamela Metz	ACOG
Pamela Metz	SMW
Denise Fu	Johns Hopkins
Andrea Gould	Notre Dame of Maryland
Dixie Leikach	MPHA
Jason Lau	MPHA
Claire Bode	NPAM
Molly Washe	MSHP
Aliyah Horton	MPHA
Jermaine Smith	Rite Aid
Janet Lee	MSHP